

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2008

through

08

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

09

18

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		1507360.96
(b) Cash on Hand at Beginning of Reporting Period .....	1245859.23	
(c) Total Receipts (from Line 19) .....	136391.34	825637.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1382250.57	2332998.34
7. Total Disbursements (from Line 31) .....	75289.83	1026037.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1306960.74	1306960.74
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	57617.83	337320.17
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	45306.09	190296.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	102923.92	527616.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	975.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	102923.92	528591.58
12. Transfers From Affiliated/Other Party Committees .....	33000.00	267260.33
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	26000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	467.42	3785.47
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	136391.34	825637.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	136391.34	825637.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8314.83	93847.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	8314.83	93847.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66975.00	840975.00
24. Independent Expenditure (use Schedule E) .....	0.00	88000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	804.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1560.33
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	2365.08
29. Other Disbursements.....	0.00	850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	75289.83	1026037.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75289.83	1026037.60

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	102923.92	528591.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2365.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	102923.92	526226.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8314.83	93847.52
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8314.83	93847.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis D Keefe

Mailing Address 35 Warthin Circle

City

Norwood

State

MA

Zip Code

02062-5667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cambridge Health Alliance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: 15771414

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Francis M Saba

Mailing Address 14 Prospect Street

City

Milford

State

MA

Zip Code

01757-3090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milford Regional Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: 15797732

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Corley

Mailing Address North 5633 Lidgerwood Street

City

Spokane

State

WA

Zip Code

99208-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Family Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15817416

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan Reiter

Mailing Address PO Box 307

City

Enumclaw

State

WA

Zip Code

98022-0307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franciscan Health System

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15817417

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15817418

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Fletcher

Mailing Address 506 Second Avenue  
Suite 1200

City

Seattle

State

WA

Zip Code

98104-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health System

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15817472

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard W Linneweh, Jr.

Mailing Address 2811 Tieton Drive

City

Yakima

State

WA

Zip Code

98902-3799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yakima Valley Memorial Ho-  
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15817473

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Curt Hohman

Mailing Address 47931 Oak Ridge Place

City

Harrisburg

State

SD

Zip Code

57032-8239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera McKennan Hospital  
and University

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15818430

Amount of Each Receipt this Period

175.00

**C.**

Full Name (Last, First, Middle Initial)

Mr James Muellenbach

Mailing Address 730 Second Avenue South Street  
Suite 1100

City

Minneapolis

State

MN

Zip Code

55402-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leo A. Daily

Occupation

Director, Regional Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15818470

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Rueben

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ionOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15818472

Amount of Each Receipt this Period

177.87

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Mason Moss

Mailing Address 2300 Opitz Boulevard

City

Woodbridge

State

VA

Zip Code

22191-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Potomac HospitalOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15819784

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fred M Rankin, III

Mailing Address 1001 Sam Perry Boulevard

City

Fredericksburg

State

VA

Zip Code

22401-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mary Washington HospitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15819855

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

877.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary L. Blunt

Mailing Address 801 Hidden Harbor Ct.

City

Chesapeake

State

VA

Zip Code

23322-7076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Healthcare

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15819894

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Teresa Edwards

Mailing Address 15 Somerset Court

City

Williamsburg

State

VA

Zip Code

23188-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Williamsburg Community Ho-  
spital

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15819897

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David L Bernd

Mailing Address 6015 Poplar Hall Drive

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Healthcare

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15819932

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Dudley

Mailing Address 4417 Corporation Lane

City

Virginia Beach

State

VA

Zip Code

23462-3162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Healthcare

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15819934

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. Andrew Byrd

Mailing Address 9263 Fawnlily Court

City

Manassas

State

VA

Zip Code

20110-6082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prince William Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15819935

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Richard D. Travers, , M.D.

Mailing Address 8650 Sudley Road  
Suite 411

City

Manassas

State

VA

Zip Code

20110-4419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prince William Hospital

Occupation  
Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15819946

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rodger H Baker

Mailing Address 500 Hospital Drive

City

Warrenton

State

VA

Zip Code

20186-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fauquier Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15819960

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.93

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: 15820006

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George F Lynn

Mailing Address 11 Fischer Road

City

Linwood

State

NJ

Zip Code

08221-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AtlantiCare

Occupation

President Emeritus

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: 15820019

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City

Belle Mead

State

NJ

Zip Code

08502-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: 15820020

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.35

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15820031

Amount of Each Receipt this Period

20.42

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15820032

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Eugene Arnone

Mailing Address 2500 Sutton Ave

City

Northfield

State

NJ

Zip Code

08225-1043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AtlantiCare

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15820034

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.35

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 15820121

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 15820123

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City

Belle Mead

State

NJ

Zip Code

08502-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 15820141

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas D. Dee, III

Mailing Address 1575 Devonshire Drive

City

Salt Lake City

State

UT

Zip Code

84108-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McKay-Dee Hospital Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821235

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Christopher Coons

Mailing Address 544 West Vista Drive

City

Highland

State

UT

Zip Code

84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intermountain Healthcare,  
Inc.

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821239

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

755.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry D. Hancock

Mailing Address 10183 South Loridan Lane

City

Sandy

State

UT

Zip Code

84092-4494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intermountain Healthcare,  
Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821242

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert C Cash, , CHE

Mailing Address 1400 North 500 East

City

Logan

State

UT

Zip Code

84341-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Logan Regional Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821244

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Merrill Gappmayer

Mailing Address 1156 S. State  
Suite 202

City

Orem

State

UT

Zip Code

84097-8233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intermountain Healthcare,  
Inc.

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821245

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Anne E. McKnight

Mailing Address 210 Rivercrest Drive

City

Morgantown

State

WV

Zip Code

26508-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monongalia General Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821254

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sandra J. Elza

Mailing Address Pinnell Street

City

Ripley

State

WV

Zip Code

25271-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson General Hospital

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821255

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mary Beth Walsh, M.D.

Mailing Address 785 Mamaroneck Avenue

City

White Plains

State

NY

Zip Code

10605-2593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Burke Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821870

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Mayfield

Mailing Address One North Franklin Street  
Suite 32139

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821873

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sharon A. Gale, RN, MSN

Mailing Address 101 Cambridge Street  
220

City State Zip Code  
Burlington MA 01803-3766

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts Organization  
of Nurse Ex

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15821875

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Peter W Siersma

Mailing Address P.O. Box 765

City State Zip Code  
Williamsburg MA 01096-0765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 15821877

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Wooten

Mailing Address 1010 North 96th St, Ste 200

City

Omaha

State

NE

Zip Code

68114-2595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alegent Health

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: 15821882

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Allen, FACHE

Mailing Address P O Box 1990

City

Kearney

State

NE

Zip Code

68848-1990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Health Sys-  
tems

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: 15821883

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John M Fraser, FACHE

Mailing Address 8511 West Dodge Road

City

Omaha

State

NE

Zip Code

68114-3415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Methodist Health  
System, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: 15821887

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Myra Evans

Mailing Address Rt. 2, Box 239A

City

Rushville

State

MO

Zip Code

64484-9802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Hospital, Fair-  
faxOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

Transaction ID: 15821944

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Vivian Austin

Mailing Address 10 Shorecrest Court

City

Savannah

State

GA

Zip Code

31410-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's/Candler, Can-  
dler HospitalOccupation  
Nursing Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15822207

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. G. Michael Bass

Mailing Address 47 Lake Shore Drive

City

Newnan

State

GA

Zip Code

30263-4775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newnan HospitalOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15822209

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles D Hall

Mailing Address 3023 Oaktree Landing

City

Marietta

State

GA

Zip Code

30066-2382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822210

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Gregory A Hurst

Mailing Address 2001 Peachtree Rd NE, 400

City

Atlanta

State

GA

Zip Code

30309-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Healthcare

Occupation

Executive Vice President Strategy and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822211

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ed Lovern

Mailing Address 3500 Inman Hill

City

Marietta

State

GA

Zip Code

30067-5146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Mountinside Hos-  
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822216

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W Maynard

Mailing Address 1968 Peachtree Road NW

City

Atlanta

State

GA

Zip Code

30309-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822217

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James McGahee

Mailing Address P O Box 1727

City

Valdosta

State

GA

Zip Code

31603-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Georgia Medical Cen-  
ter

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822218

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Diane Patrick

Mailing Address 901 East 18th Street

City

Tifton

State

GA

Zip Code

31794-3648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tift Regional Medical Cen-  
ter

Occupation

VP, Patient Care Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822219

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William T Richardson

Mailing Address Drawer 747

City

Tifton

State

GA

Zip Code

31793-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tift Regional Medical Cen-  
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822220

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Simmons

Mailing Address 155 Isleworth Way

City

Fayetteville

State

GA

Zip Code

30215-2763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822221

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter H Alexander

Mailing Address 2001 West 86th Street, 7th Fl

City

Indianapolis

State

IN

Zip Code

46260-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seton Specialty Hospital  
of Indianapolis

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822328

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

John Alley

Mailing Address 4284 Deere Trail Court

City

Rochester

State

IN

Zip Code

46975-9037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodlawn Hospital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822329

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Bernice C. Ulrich

Mailing Address 4655 Running Brook Terrace

City

Greenwood

State

IN

Zip Code

46143-9255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822330

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Allison D. Wharry

Mailing Address 4636 St. John Circle

City

Zionsville

State

IN

Zip Code

46077-8140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15822331

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Matthew D Bailey

Mailing Address 1502 Sagamore Place

City

Vincennes

State

IN

Zip Code

47591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15822332

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ian G. Worden

Mailing Address 10749 King's Mill Dr.

City

Carmel

State

IN

Zip Code

46032-9467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15822333

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Thorn

Mailing Address 1174 Brentwood Drive

City

Maryville

State

MO

Zip Code

64468-2684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Medical Center

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: 15822343

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Crouch

Mailing Address 5632 State Hwy. P

City

Albany

State

MO

Zip Code

64402-8249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Medical Center

Occupation

Director of Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: 15822344

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. Richmond, FACHE

Mailing Address 5656 US HWY. 136

City

Albany

State

MO

Zip Code

64402-8177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: 15822351

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia Kreutz

Mailing Address 900 Potomac Street

City

Aurora

State

CO

Zip Code

80011-6716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spalding Rehabilitation  
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: 15822977

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Helen R. Strieder

Mailing Address 83 Penniman Place

City

Brookline

State

MA

Zip Code

02445-4135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Baptist Hospi-  
tal

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 15822978

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James H. Ross

Mailing Address 2900 West Picket Post Street

City

Columbia

State

MO

Zip Code

65203-9581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Missouri He-  
alth Care

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: 15823559

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R. Carpenter

Mailing Address 6229 Northlake Drive

City

Parkville

State

MO

Zip Code

64152-6080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Kansas City Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: 15823566

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen M Erixon

Mailing Address 220 Windy Ridge

City

Hollister

State

MO

Zip Code

65672-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skaggs Community Health  
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: 15831230

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert L. L Harman

Mailing Address HC 84, Box 26

City

Lahmansville

State

WV

Zip Code

26731-9701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grant Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15834302

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Brent A Marsteller

Mailing Address 2010 Military Road

City

Huntington

State

WV

Zip Code

25701-5339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cabell Huntington Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15834308

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

792.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce McClymonds

Mailing Address 1431 Mayfield Road

City

Masontown

State

WV

Zip Code

26542-8602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Virginia University  
Hospitals

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15834309

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tommy H Mullins

Mailing Address 701 Madison Avenue

City

Madison

State

WV

Zip Code

25130-1669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boone Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15834310

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Dorothy Oakes

Mailing Address 2042 Henry Clay Drive

City

Morgantown

State

WV

Zip Code

26508-0020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Virginia University  
Hospitals

Occupation

Vice President and Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15834315

Amount of Each Receipt this Period

175.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Louise McCleery

Mailing Address 245 Main Street

City

Colebrook

State

NH

Zip Code

03576-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upper Connecticut Valley  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15840834

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Claire L Bowen

Mailing Address 243 Elm Street

City

Claremont

State

NH

Zip Code

03743-2099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15840835

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory J Walker

Mailing Address 789 Central Avenue

City

Dover

State

NH

Zip Code

03820-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wentworth-Douglass Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15840836

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arthur W Nichols

Mailing Address 580 Court Street

City

Keene

State

NH

Zip Code

03431-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cheshire Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15840837

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Douglas F Dean, Jr.

Mailing Address One Elliot Way

City

Manchester

State

NH

Zip Code

03103-3599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elliot Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15840838

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Perry Hanson

Mailing Address 1660 S. Highway

City

Minneapolis

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partners Healthcare Consulting, Inc.

Occupation

Principal and Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: 15840847

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Eric Nelson

Mailing Address 6401 France Avenue South

City

Edina

State

MN

Zip Code

55435-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Southdale Hospital

Occupation

Clinical Quality Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: 15840850

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Ellen Wells

Mailing Address 1095 Highway 15 South

City

Hutchinson

State

MN

Zip Code

55350-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hutchinson Area Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: 15840852

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr David Molmen

Mailing Address 1000 South Columbia Road

City

Grand Forks

State

ND

Zip Code

58201-4032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Altru Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15840897

Amount of Each Receipt this Period

310.00

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gaspare Calvaruso

Mailing Address 901 Wycliffe Court

City

Caseville

State

IL

Zip Code

62232-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM St. Joseph Health Cen-  
ter

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15841455

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael L. Graue

Mailing Address 303 Lake View Drive

City

Washington

State

MO

Zip Code

63090-5387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM Health Care - St. Lou-  
is

Occupation  
President, South Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15841474

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William M. Jennings

Mailing Address 17725 Wilding Place Drive

City

Chesterfield

State

MO

Zip Code

63005-4279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM St. Mary's Health Cen-  
ter

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15841484

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven P. Johnson, Ph.D.

Mailing Address 16857 Kehrsbrooke Court

City

Chesterfield

State

MO

Zip Code

63005-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM Health Care - St. Lou-  
is

Occupation

Executive VP, North Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15841486

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patrice L. Komoroski, R.N., Ph.D

Mailing Address 65 West Meath Ring

City

Weldon Spring

State

MO

Zip Code

63304-0595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM DePaul Health Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15841487

Amount of Each Receipt this Period

137.50

**C.**

Full Name (Last, First, Middle Initial)

Ms. Verna Meacham

Mailing Address 1211 Silver Fern Drive

City

Lake St Louis

State

MO

Zip Code

63367-4775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM St. Joseph Hospital  
West

Occupation

Interim President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15841494

Amount of Each Receipt this Period

190.00

**SUBTOTAL** of Receipts This Page (optional) .....

627.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Sanger

Mailing Address 58 Stoneyside Lane

City

Saint Louis

State

MO

Zip Code

63132-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM Health Care - St. Lou-  
is

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: 15841501

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lester P Schindel

Mailing Address 150 York Street

City

Stoughton

State

MA

Zip Code

02072-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Sinai Hospital  
and Rehabil

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: 15841513

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.20

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 15845128

Amount of Each Receipt this Period

38.90

**SUBTOTAL** of Receipts This Page (optional) .....

888.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City

Holts Summit

State

MO

Zip Code

65043-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Sr. Vice President, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 15845132

Amount of Each Receipt this Period

111.12

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 611 Belridge Drive  
P.O. Box 60

City

Jefferson City

State

MO

Zip Code

65109-0755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 15845139

Amount of Each Receipt this Period

38.90

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Waye

City

Jefferson City

State

MO

Zip Code

65101-8284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 15845144

Amount of Each Receipt this Period

38.90

**SUBTOTAL** of Receipts This Page (optional) .....

188.92

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City

Jefferson City

State

MO

Zip Code

65101-8275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: 15845148

Amount of Each Receipt this Period

111.12

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W Bluford

Mailing Address 2301 Holmes Street

City

Kansas City

State

MO

Zip Code

64108-2640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Truman Medical Center-Hos-  
pital Hill

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: 15845153

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Mel N Bass

Mailing Address 3210 Grace Street, NW #310

City

Washington

State

DC

Zip Code

20007-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vanderbilt University Med-  
ical Center

Occupation

Director Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: 15866634

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1461.12

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Griess

Mailing Address 2101 Box Butte Avenue

City

State

Zip Code

Alliance

NE

69301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Box Butte General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15866635

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger J Reamer

Mailing Address 300 N. Columbia

City

State

Zip Code

Seward

NE

68434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Health Care Sys-  
tems

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: 15866637

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Greg Kiser

Mailing Address P O Box 769

City

State

Zip Code

Louisa

KY

41230-0769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Three Rivers Medical Cent-  
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: 15866638

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Goodin

Mailing Address 3012 Lighthouse Rd

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Hospital

Occupation

Board Member

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: 15866641

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark J Neff, , CHE

Mailing Address 222 Medical Circle

City

Morehead

State

KY

Zip Code

40351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Claire Regional Medic-  
al Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: 15866642

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James H Taylor, , FACHE

Mailing Address 530 South Jackson Street

City

Louisville

State

KY

Zip Code

40202-1675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Louisville  
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: 15866643

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional) .....

3200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Nokels

Mailing Address 11111 South 84th Street

City

State

Zip Code

Papillion

NE

68046-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alegent-Health Midlands  
Hospital

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: 15866646

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David W Tower, , FACHE

Mailing Address P O Box 912

City

State

Zip Code

Wolfeboro

NH

03894-0912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Huggins Hospital

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15866647

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andrew Patterson

Mailing Address 80 Highland Street

City

State

Zip Code

Laconia

NH

03246-3235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LRGhealthcare

Occupation

Director, Contracting & Corp. Complian

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15866648

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James F Hanko

Mailing Address 1300 Anne St. NW

City

Bemidji

State

MN

Zip Code

56601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Country Regional Ho-  
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15867107

Amount of Each Receipt this Period

187.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence J Massa

Mailing Address 301 Becker Avenue SW

City

Willmar

State

MN

Zip Code

56201-3395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rice Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15867111

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Cindy Morrison

Mailing Address 2009 East Edgewood Road

City

Sioux Falls

State

SD

Zip Code

57103-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanford Health

Occupation

Senior Vice President for Public Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15867148

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

412.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry A. Schulz

Mailing Address 7650 Edwinborough Way  
Suite 200

City State Zip Code  
Minneapolis MN 55435-5978

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Catholic Health Initiatives

Occupation  
Sr. Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 15867150

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Linda Lang

Mailing Address 4000 Kruse Way Place #2-100

City State Zip Code  
Lake Oswego OR 97035-2543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oregon Association of Hospitals & Health

Occupation  
Director of Rural Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15867215

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Gwen Dayton

Mailing Address 12781 SW Terraview Drive

City State Zip Code  
Tigard OR 97224-0703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oregon Association of Hospitals & Health

Occupation  
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15867216

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: 15867217

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James A. Diegel

Mailing Address 2500 Northeast Neff Road

City

Bend

State

OR

Zip Code

97701-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cascade Healthcare Commu-  
nity

Occupation

President and CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: 15867228

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Kent L. Brown

Mailing Address 3894 Cherry Lane

City

Medford

State

OR

Zip Code

97504-8332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rogue Valley Medical Cent-  
er

Occupation

Chief Operating Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: 15867229

Amount of Each Receipt this Period

1530.00

SUBTOTAL of Receipts This Page (optional) .....

2280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Russ Reinhard

Mailing Address 34514 S Elliott Road

City

Woodburn

State

OR

Zip Code

97071-8702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Willamette Falls Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15867230

Amount of Each Receipt this Period

1350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Norman F Gruber

Mailing Address 4768 Circuit Rider Lane

City

Salem

State

OR

Zip Code

97302-9798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Salem Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15867231

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James A Wathen

Mailing Address 900 11th Street SE

City

Bandon

State

OR

Zip Code

97411-9114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Coos Hospital and  
Health Cent

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1840.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15867232

Amount of Each Receipt this Period

1840.00

**SUBTOTAL** of Receipts This Page (optional) .....

3565.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gordon Ensley

Mailing Address 700 South 'J' Street

City

Lakeview

State

OR

Zip Code

97630-1679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake District Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: 15867233

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Rosemary Davis

Mailing Address 2700 SE Stratus Avenue

City

McMinnville

State

OR

Zip Code

97128-6255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Willamette Valley Medical  
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: 15867234

Amount of Each Receipt this Period

557.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry Bowe

Mailing Address 1001 Providence Drive

City

Newberg

State

OR

Zip Code

97132-7485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Newberg Medical  
Center

Occupation

Chief Executive, Yamhill Service Area

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: 15867235

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional) .....

1122.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William E Winter

Mailing Address 342 Fairview Street

City

Silverton

State

OR

Zip Code

97381-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Silverton Hospital

Occupation

Administrative Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15867236

Amount of Each Receipt this Period

215.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David C Bigelow

Mailing Address P O Box 945

City

Newport

State

OR

Zip Code

97365-4820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Samaritan Pacific Communi-  
ties Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15867237

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Normandin

Mailing Address 45 Aquinas

City

Lake Oswego

State

OR

Zip Code

97035-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: 15867238

Amount of Each Receipt this Period

1150.00

**SUBTOTAL** of Receipts This Page (optional) .....

1665.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary L Brewer

Mailing Address P O Box 1970

City

Glenwood Springs

State

CO

Zip Code

81602-1970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley View Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: 15867539

Amount of Each Receipt this Period

725.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Martie Wisdom

Mailing Address P O Box 912

City

Rifle

State

CO

Zip Code

81650-0912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grand River Hospital Dist-  
rict

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: 15867549

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark H Shuter

Mailing Address 272 Hospital Road

City

Chillicothe

State

OH

Zip Code

45601-9031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adena Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15870441

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lyndon J Christman

Mailing Address 203 Bryn Drive

City

Granville

State

OH

Zip Code

43023-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fayette County Memorial  
HospitalOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15870489

Amount of Each Receipt this Period

337.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City

Upper Arlington

State

OH

Zip Code

43220-4247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital AssociationOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15870616

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary L. Gallagher

Mailing Address 155 East Broad Street,  
15th Floor

City

Columbus

State

OH

Zip Code

43215-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital AssociationOccupation  
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: 15872669

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

637.50

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dominic Prunte

Mailing Address 2814 Bryden Road

City

Columbus

State

OH

Zip Code

43209-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairfield Medical Center

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15872974

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Curt Hohman

Mailing Address 47931 Oak Ridge Place

City

Harrisburg

State

SD

Zip Code

57032-8239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera McKennan Hospital  
and University

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15873182

Amount of Each Receipt this Period

47.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald L Jacobson

Mailing Address 305 South State Street

City

Aberdeen

State

SD

Zip Code

57402-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera St. Luke's

Occupation

Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15873355

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

547.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Becky Nelson

Mailing Address P O Box 5039

1305 West 18th Street

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanford University of Sou-  
th Dakota Med

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15875443

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles O'Brien

Mailing Address 3033 W Donahue Drive

City

Sioux Falls

State

SD

Zip Code

57105-0168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanford University of Sou-  
th Dakota Med

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15875444

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Eugene A Thorn

Mailing Address 659 Boulevard

City

Dover

State

OH

Zip Code

44622-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Hospital

Occupation

Vice President Finance and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15883194

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Johnston

Mailing Address Box 368

City

Pauls Valley

State

OK

Zip Code

73075-0368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pauls Valley General Hosp-  
ital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: 15883225

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. C. Bruce Lawrence

Mailing Address 3300 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-4481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Integrus Baptist Medical  
Center

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: 15883227

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Oestmann

Mailing Address P O Box 727

City

Alva

State

OK

Zip Code

73717-0727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Share Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: 15883235

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David R Stire

Mailing Address 3500 East Frank Phillips Blvd

City

Bartlesville

State

OK

Zip Code

74006-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jane Phillips Medical Cen-  
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Transaction ID: 15883238

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Trotter

Mailing Address 1102 West MacArthur Street

City

Shawnee

State

OK

Zip Code

74804-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unity Health Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Transaction ID: 15883281

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	8

Transaction ID: PR1034595121080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
VP & Chief Washington Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1045726221080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Section Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1113464221080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Davon Gray

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Legislative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.17

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1143013021080

Amount of Each Receipt this Period

43.17

P/R Deduction (\$14.39 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

202.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David L. Allen

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1234662821080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Organization of  
Nurse Executi

Occupation

Director of Professional Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1260472921080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Marie Mathy

Mailing Address 1660 Lanier PL Apt. 4

City

Washington

State

DC

Zip Code

20009-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Project Manager/PAC Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1300853721080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

126.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alex White, Jr.

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1339349921080

Amount of Each Receipt this Period

174.00

P/R Deduction (\$58.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Frances Margolin

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Operatinos HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1347702721080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

VP, Operations and Account Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1347703421080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

294.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1347703621080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Catherine D. Sewell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1347708421080

Amount of Each Receipt this Period

159.00

P/R Deduction (\$53.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1347791021080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

261.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1384065321080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR1492459921080

Amount of Each Receipt this Period

54.00

P/R Deduction (\$18.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327629121080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

231.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 petersborough Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327745921080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327771621080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327777221080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

201.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Vice President, Member Relations

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327777821080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Executive Vice President

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327801721080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Organization of  
Nurse Executi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Executive Director

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327812021080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

237.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327831721080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327846221080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327851921080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

162.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327858021080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327877821080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court  
#3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327895721080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

294.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Membership Admin.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR327918921080

Amount of Each Receipt this Period

51.00

P/R Deduction (\$17.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J Umbdenstock

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328132821080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328136921080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328174921080

Amount of Each Receipt this Period

54.00

P/R Deduction (\$18.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328223821080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328224921080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

288.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328241421080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328260921080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City

Arnold

State

MD

Zip Code

21012-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328310421080

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

297.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 1001 N. Potomac Street

City

Arlington

State

VA

Zip Code

22205-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328312721080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328341821080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.16

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328490121080

Amount of Each Receipt this Period

28.86

P/R Deduction (\$9.62 Bi-W-  
eekly)

**SUBTOTAL** of Receipts This Page (optional) .....

262.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328511821080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR328512021080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Psychiatric and Substance Ab

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR329013421080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

237.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. John R. Combes, MD

Mailing Address 1 North Franklin Street

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation

President & COO, Leadership & Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR329071321080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation

Senior Associate Director Executive Br

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR329084421080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR329215721080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

294.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	8

Transaction ID: PR329342621080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	8

Transaction ID: PR329654221080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Executive Services Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	8

Transaction ID: PR330343321080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

144.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR330411621080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Asst. General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR330465221080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City

Apple Valley

State

MN

Zip Code

55124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR330475421080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

219.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City

Arlington

State

VA

Zip Code

22205-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR330534321080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR330547721080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR330549221080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW  
Suite 700City State Zip Code  
Washington DC 20004-2818FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR330776121080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code  
Arlington VA 22205-3515FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR331278821080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code  
Alexandria VA 22301-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR331304221080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

162.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Organization of  
Nurse Executives

Occupation  
Director, Federal Relations & Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR331379121080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR331386921080

Amount of Each Receipt this Period

43.14

P/R Deduction (\$14.38 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alexander R. White, Sr.

Mailing Address PO Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR331416021080

Amount of Each Receipt this Period

174.00

P/R Deduction (\$58.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

259.14

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR331533221080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR346168121080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR517619721080

Amount of Each Receipt this Period

117.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

276.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.53

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR566280921080

Amount of Each Receipt this Period

71.43

P/R Deduction (\$23.81 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR766023721080

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Dir. Policy Developme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR801366321080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

173.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobksy

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR876637221080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR936292321080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Organization of  
Nurse Executi

Occupation  
Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR939603921080

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

126.00

**TOTAL** This Period (last page this line number only) .....

57617.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 93

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing  
federal political committee.

**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15818301

Amount of Each Receipt this Period

20000.00

**B.**

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

**C** C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

48000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 15818303

Amount of Each Receipt this Period

13000.00

**SUBTOTAL** of Receipts This Page (optional) .....

33000.00

**TOTAL** This Period (last page this line number only) .....

33000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 93

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3785.47

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: 15878055

Amount of Each Receipt this Period

467.42

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

467.42

**TOTAL** This Period (last page this line number only) .....

467.42

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Moran For Kansas

Mailing Address P.O. Box 1151

City  
Hays

State  
KS

Zip Code  
67601

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jerry Moran

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Transaction ID: 15808600

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City  
Rockford

State  
IL

Zip Code  
61126

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Donald A. Manzullo

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: 15808692

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City  
Morristown

State  
NJ

Zip Code  
07960

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Rodney P. Frelinghuysen

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 11

Transaction ID: 15808698

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Harkin

Mailing Address P O Box 811

City  
Des MoinesState  
IAZip Code  
50304Purpose of Disbursement  
ContributionCandidate Name  
Sen. Tom Harkin011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: 15808700

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Amount of Each Disbursement this Period

1500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Nathan Deal For Congress

Mailing Address PO Box 902

City  
GainesvilleState  
GAZip Code  
30503Purpose of Disbursement  
ContributionCandidate Name  
Rep. Nathan Deal011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: 15808702

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Friends of Dick Durbin Committee

Mailing Address PO Box 1949

City  
SpringfieldState  
ILZip Code  
62705Purpose of Disbursement  
ContributionCandidate Name  
Sen. Dick Durbin011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District:

Transaction ID: 15872677

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Barrett For Congress

Mailing Address P.O. Box 869  
PO Box 869

City State Zip Code  
Westminster SC 29693

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. J. Gresham Barrett

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: 15872679

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St.

City State Zip Code  
Monticello IN 47960

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Steve Buyer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 15872688

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Susan Davis For Congress

Mailing Address C/O 5946 Priestly Drive  
Suite 200

City State Zip Code  
Carlsbad CA 92008

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Susan A. Davis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 53

Transaction ID: 15872702

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) PAC to the Future	<b>Transaction ID:</b> 15872704 <b>Date of Disbursement</b>
Mailing Address 268 Bush Street PMB 3230	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div>
City San Francisco State CA Zip Code 94104	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2008 Contribution	<div>5000.00</div>
Candidate Name PAC to the Future	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	2008 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional Campaign	<b>Transaction ID:</b> 15872705 <b>Date of Disbursement</b>
Mailing Address 1519 Washington Street 2nd Floor Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div>
City Laredo State TX Zip Code 78042	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Henry Cuellar	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 28	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Mccaul For Congress Inc	<b>Transaction ID:</b> 15872711 <b>Date of Disbursement</b>
Mailing Address 815-A Brazos Street Pmb 230	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div>
City Austin State TX Zip Code 78701	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Michael T. McCaul	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 10	Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

LoBiondo For Congress

Mailing Address PO Box 775

City  
Marmora

State  
NJ

Zip Code  
08223

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Frank A. LoBiondo

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 02

Transaction ID: 15873083

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Shore PAC

Mailing Address P.O. Box 3157

City  
Long Branch

State  
NJ

Zip Code  
07740

Purpose of Disbursement  
2008 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15873203

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

500.00

2008 Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Jim Marshall

Mailing Address 586 Orange Street

City  
Macon

State  
GA

Zip Code  
31201

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jim Marshall

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: 15873207

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends Of John Barrow

Mailing Address PO Box 8166

City  
Savannah

State  
GA

Zip Code  
31412

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Barrow

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 15873217

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Whitfield For Congress Committee

Mailing Address P.O. Box 391

City  
Hopkinsville

State  
KY

Zip Code  
42241

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Edward Whitfield

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: 15873222

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Hal Rogers For Congress

Mailing Address P.O. Box 1214  
East Mt Vernon St

City  
Somerset

State  
KY

Zip Code  
42502

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Harold Rogers

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 05

Transaction ID: 15873223

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Heller For Congress	<b>Transaction ID:</b> 15873294 <b>Date of Disbursement</b>																				
Mailing Address 7840 Red Leaf Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Las Vegas State NV Zip Code 89131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Dean Heller	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Knollenberg For Congress Committee	<b>Transaction ID:</b> 15873303 <b>Date of Disbursement</b>																				
Mailing Address 31000 Telegraph Road, #110	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Bingham Farms State MI Zip Code 48025	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Joe Knollenberg	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Kurt Schrader For Congress	<b>Transaction ID:</b> 15873455 <b>Date of Disbursement</b>																				
Mailing Address 2525 N Baker Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
City Canby State OR Zip Code 97013	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Candidate Name Mr. Kurt Schrader	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Norm Coleman For U.S. Senate

Mailing Address 1412 Energy Park Drive #11

City  
Saint Paul

State  
MN

Zip Code  
55108

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Norm Coleman

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District:

Transaction ID: 15873456

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Boucher For Congress Committee

Mailing Address PO Box 2000

City  
Abingdon

State  
VA

Zip Code  
24212

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Rick Boucher

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 09

Transaction ID: 15873457

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Goode For Congress

Mailing Address 235 South Main Street

City  
Rocky Mount

State  
VA

Zip Code  
24151

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Virgil H. Goode, Jr.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: 15873458

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Tenn Political Action Committee - Tenn PAC

Mailing Address 228 South Washington  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2008 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15878252

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

2008 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Peter Roskam

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 06

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15878255

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles A. Gonzalez

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 20

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15878258

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Stupak For Congress

Mailing Address 817 Ninth Avenue, P.O. Box 156

City State Zip Code  
Menominee MI 49858

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bart Stupak

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: 15878264

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

600.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Lois Capps

Mailing Address PO Box 23940

City State Zip Code  
Santa Barbara CA 93121

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lois Capps

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 15878266

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Mark Warner

Mailing Address 1029 North Royal Street 2nd Fl

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Mark Warner

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District:

Transaction ID: 15878275

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

6600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Pastor For Arizona

Mailing Address PO Box 6554

City  
Phoenix

State  
AZ

Zip Code  
85005

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ed Pastor

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 04

Transaction ID: 15878301

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

3000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Committee for the Preservation of Capitalism (CPC)

Mailing Address P.O. Box 65314

City  
Washington

State  
DC

Zip Code  
22036

Purpose of Disbursement  
Void of 4/08 check

Candidate Name  
Committee for the Preservation of Capitalism (CPC)

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15878365

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

-5000.00

Void of 4/08 check

C.

Full Name (Last, First, Middle Initial)

Trust PAC

Mailing Address PO Box 221543

City  
Chantilly

State  
VA

Zip Code  
20151

Purpose of Disbursement  
Void of 4/08 check

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15878367

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

-1000.00

Void of 4/08 check

SUBTOTAL of Disbursements This Page (optional) .....

-3000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement  
Void of 4/08 check

Candidate Name  
Rep. Michael A. Ross

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AR District: 04

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15878369

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

-2500.00

Void of 4/08 check

**B.** Full Name (Last, First, Middle Initial)  
Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
In-Kind Contribution: Polling Services

Candidate Name  
Rep. Charles W. Boustany, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 07

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15880258

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

4875.00

In-Kind Contribution: Pol-  
ling Services

**C.** Full Name (Last, First, Middle Initial)  
Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street  
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Nancy Pelosi

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 08

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15881989

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) LoBiondo For Congress Mailing Address PO Box 775	<b>Transaction ID:</b> 15881990 <b>Date of Disbursement</b> <div> <div>08</div> <div>11</div> <div>2008</div> </div>
City Marmora State NJ Zip Code 08223 Purpose of Disbursement Contribution Candidate Name Rep. Frank A. LoBiondo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 02	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kirk For Congress Mailing Address P.O. Box 8 City Winnetka State IL Zip Code 60093 Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 10	<b>Transaction ID:</b> 15882002 <b>Date of Disbursement</b> <div> <div>08</div> <div>26</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1500.00</div> <b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Boyd For Congress Mailing Address P.O. Box 15703 City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Contribution Candidate Name Rep. Allen Boyd Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02	<b>Transaction ID:</b> 15882003 <b>Date of Disbursement</b> <div> <div>08</div> <div>26</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1500.00</div> <b>Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

66975.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Public Opinion Strategies	<b>Transaction ID:</b> 15808615 <b>Date of Disbursement</b>																				
Mailing Address 214 North Fayette Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	8												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Polling Services Candidate Name	<table border="1"> <tr> <td colspan="10">13000.00</td> </tr> </table>	13000.00																			
13000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
005 Category/ Type	Polling Services																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 15878038 <b>Date of Disbursement</b>																				
Mailing Address Ste. 001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	8												
City Chicago State IL Zip Code 60679	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>	4.50																			
4.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
001 Category/ Type	Merchant Fees																				
<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Bankcard	<b>Transaction ID:</b> 15878039 <b>Date of Disbursement</b>																				
Mailing Address 1601 Elm Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	8												
City Dallas State TX Zip Code 75201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">80.20</td> </tr> </table>	80.20																			
80.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
001 Category/ Type	Merchant Fees																				

**SUBTOTAL** of Disbursements This Page (optional) .....

13084.70

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City  
DallasState  
TXZip Code  
75201Purpose of Disbursement  
Merchant Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15878043

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	8

Amount of Each Disbursement this Period

3.50

Merchant Fees

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address Ste. 001

City  
ChicagoState  
ILZip Code  
60679Purpose of Disbursement  
Merchant Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15878053

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	8

Amount of Each Disbursement this Period

7.38

Merchant Fees

**C.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Bank Fee

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15878054

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

94.25

Bank Fee

SUBTOTAL of Disbursements This Page (optional) .....

105.13

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Public Opinion Strategies

Mailing Address 214 North Fayette Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
In-Kind to Charles Boustany (LA-7). See Line 23.

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15880255

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2008

Amount of Each Disbursement this Period

-4875.00

In-Kind to Charles Boustany (LA-7). See Line 23.

SUBTOTAL of Disbursements This Page (optional) .....

-4875.00

TOTAL This Period (last page this line number only) .....

8314.83